



PATENT  
Q199-US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

WEST, Robert et al.

Serial No: 10/810,081

Filed: March 25, 2004

For: ELECTROLYTE INCLUDING  
POLYSILOXANE WITH CYCLIC  
CARBONATE GROUPS

Art Unit: 1795

Examiner: BEST, Zachary

CERTIFICATE OF MAILING VIA EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EM248393488US

Dated: December 22, 2009

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1. Transmittal Letter (1 page)
2. Fee Transmittal Letter(1 page)
3. Notice of Appeal (1 page)
4. Form PTO/SB/31 - Notice of Appeal from the Examiner (1 page)
5. Form PTO/SB/33 - Pre-Appeal Brief Request for Review (1 page)
6. Pre-Appeal Brief Request for Review (4 pages)
7. Petition for Request for Extension of Time (1 page)
8. Form PTO-2038, credit card authorization (1 page)
9. Self addressed stamped postcard (1 page)

December 22, 2009

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature



# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

		Application Number	10/810,081
		Filing Date	March 26, 2004
		First Named Inventor	Robert West et al.
		Group Art Unit	1795
		Examiner Name	BEST, Zachary
Total Number of Pages in This Submission		Attorney Docket Number	Q199-US1

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input type="checkbox"/> Amendment <input type="checkbox"/> Amendment <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i> Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund  CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> Proprietary Information Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input checked="" type="checkbox"/> Pre-Appeal Brief Request for Review <input checked="" type="checkbox"/> Form PTO/SB/33 Pre-Appeal Brief Request for Review <input checked="" type="checkbox"/> Form PTO/SB/31 Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences
Remarks		

Customer Number or Bar Code Label

31815

*(Insert Customer No. or Attach bar code label here)*

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

By:

Travis Dodd  
 Attorneys for Applicant(s)  
 P.O. Box 923127  
 Sylmar, CA 91392-3127

Dated: 12/22/2009

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 Fax: (818) 833-2065

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail

In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:

Typed or printed name	TRAVIS DODD		
Signature		Date	



## FEE TRANSMITTAL

Attorney Docket No.	Q199-US1
First Named Inventor:	WEST, Robert et al.
Application Number	10/810,081
Filing Date:	March 25, 2004
Examiner Name:	1795
Group/Art Unit:	Best, Zachary

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 825.00</b>
<b>METHOD OF PAYMENT (check One)</b>	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card</p>

### 2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	59 - 65 =	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	4 - 8 =	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$0.00
<b>Total of above Calculations =</b>					<b>\$0.00</b>

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$220.00	\$110.00	\$0.00
Reissue filing fee	\$330.00	\$165.00	\$0.00
Provisional filing fee	\$220.00	\$110.00	\$0.00
<b>Total of above Calculations =</b>			<b>\$0.00</b>

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Notice of Appeal	\$	\$270.00	\$270.00
Three Month Extension of Time	\$	\$555.00	\$555.00
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$825.00</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	12/22/2009